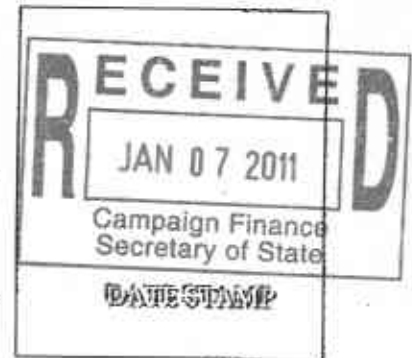


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Committee Ray Minor
Address 147 Potts Camp Rd. Waterford Ms. 38685
Telephone 662-252-4780 Fax 662-252-5320
Treasurer Ray Minor Email _____



☐ Check here if above is different from previous report

TYPE OF REPORT

- ☒ January 4, 2011 Pre-Election Report (January 1, 2010 through January 1, 2011).....Mandatory
☐ January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates only
☐ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>6300.00</u>	\$ <u>6300.00</u>	\$ <u>6300.00</u>
Total amount of disbursements	\$ <u>5169.00</u> \$ <u>600.00</u>	\$ <u>5769.00</u>	\$ <u>5769.00</u>
Total amount of cash on hand	\$	\$ <u>531.00</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Ray Minor
Signature of Director or Treasurer

1-5-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 130, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2812.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Ray Minor

Page 1 of 3

Reporting period

12-1-10

through

1-5-11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name

Frank Swords

Date
(Mo., Day, Year)

12/16/10

Amount of each
receipt
this period

\$ 2,500.00

Mailing Address

Holly Springs Ms

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date

\$ 2,500.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name

Hoyt Johnson

Date
(Mo., Day, Year)

12/19/10

Amount of each
receipt
this period

\$ 300.00

Mailing Address

Holly Springs Ms

City, State, Zip Code

Name of Employer (Required)

Self

Occupation (Required)

Plumber

Aggregate
year-to-date

\$ 650.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name

Maxine Palmer

Date
(Mo., Day, Year)

12/8/10

Amount of each
receipt
this period

\$ 500.00

Mailing Address

City, State, Zip Code

Waterford Ms

Name of Employer (Required)

Occupation (Required)

Retired

Aggregate
year-to-date

\$ 500.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

JWA Express

Date
(Mo., Day, Year)

12/8/10

Amount of each
receipt
this period

\$ 1,000.00

Mailing Address

City, State, Zip Code

Memphis TN

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date

\$ 1,000.00

Name of Candidate or Committee Ray Minor
 Reporting period 12-1-10 through 1-5-11

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Fleet Equipment LLC</u>	<u>12/13/10</u>	\$ <u>500.00</u>
Mailing Address	<u>13</u>	\$
City, State, Zip Code	<u>1</u> <u>1</u>	\$
<u>Memphis TN</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required)	<u>1</u> <u>1</u>	\$
Occupation (Required)	<u>1</u> <u>1</u>	\$
	Aggregate year-to-date	\$ <u>500.00</u>

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Daniel A. Lyle</u>	<u>12/17/10</u>	\$ <u>250.00</u>
Mailing Address	<u>1</u> <u>1</u>	\$
<u>P.O. Box 23087</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code	<u>1</u> <u>1</u>	\$
<u>Jackson Ms. 39225-3087</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required)	<u>1</u> <u>1</u>	\$
<u>Lyle Machinery</u>	<u>1</u> <u>1</u>	\$
Occupation (Required)	<u>1</u> <u>1</u>	\$
<u>Executive Vice-president</u>	Aggregate year-to-date	\$ <u>250.00</u>

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>James O. Lyle</u>	<u>12/17/10</u>	\$ <u>250.00</u>
Mailing Address	<u>1</u> <u>1</u>	\$
<u>P.O. Box 23087</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code	<u>1</u> <u>1</u>	\$
<u>Jackson Ms. 39225-3087</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required)	<u>1</u> <u>1</u>	\$
<u>Lyle Machinery</u>	<u>1</u> <u>1</u>	\$
Occupation (Required)	<u>1</u> <u>1</u>	\$
<u>Vice-president</u>	Aggregate year-to-date	\$ <u>250.00</u>

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>John M. Lyle Jr.</u>	<u>12/27/10</u>	\$ <u>250.00</u>
Mailing Address	<u>1</u> <u>1</u>	\$
<u>P.O. Box 23087</u>	<u>1</u> <u>1</u>	\$
City, State, Zip Code	<u>1</u> <u>1</u>	\$
<u>Jackson Ms. 39225-3087</u>	<u>1</u> <u>1</u>	\$
Name of Employer (Required)	<u>1</u> <u>1</u>	\$
<u>Lyle Machinery</u>	<u>1</u> <u>1</u>	\$
Occupation (Required)	<u>1</u> <u>1</u>	\$
<u>President</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Ray Minor
 Reporting period 12-1-10 through 1-5-11

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Charles Thomas</u>	<u>12/15/10</u>	\$ <u>400.00</u>
Mailing Address	<u>1/1/11</u>	\$
City, State, Zip Code	<u>1/1/11</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1/1/11</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400.00</u>

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	<u>1/1/11</u>	\$
Mailing Address	<u>1/1/11</u>	\$
City, State, Zip Code	<u>1/1/11</u>	\$
Name of Employer (Required)	<u>1/1/11</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	<u>1/1/11</u>	\$
Mailing Address	<u>1/1/11</u>	\$
City, State, Zip Code	<u>1/1/11</u>	\$
Name of Employer (Required)	<u>1/1/11</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	<u>1/1/11</u>	\$
Mailing Address	<u>1/1/11</u>	\$
City, State, Zip Code	<u>1/1/11</u>	\$
Name of Employer (Required)	<u>1/1/11</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee

Ray Minor

Page _____ of _____

Reporting period

through

ITEMIZED DISBURSEMENTS

A. Full name <u>A to Z Signs</u>		Date (Mo., Day, Year) <u>12/22/10</u>	Amount of each disbursement this period \$ <u>3244.00</u>
Mailing Address			
City, State, Zip Code <u>Holly Springs ms. 38855</u>		<u>1</u> / <u>1</u> / <u>1</u>	\$
Purpose of Disbursement (Optional) <u>adv.</u>		Aggregate Year-to-date	\$
B. Full name <u>Winona Times</u>		Date (Mo., Day, Year) <u>12/9/10</u>	Amount of each disbursement this period \$ <u>240.00</u>
Mailing Address			
City, State, Zip Code <u>Winona MN</u>		<u>1</u> / <u>1</u> / <u>1</u>	\$
Purpose of Disbursement (Optional) <u>adv.</u>		Aggregate Year-to-date	\$
C. Full name <u>Greenwood Common Wealth</u>		Date (Mo., Day, Year) <u>12/10/10</u>	Amount of each disbursement this period \$ <u>211.00</u>
Mailing Address			
City, State, Zip Code <u>Greenwood MN</u>		<u>1</u> / <u>1</u> / <u>1</u>	\$
Purpose of Disbursement (Optional) <u>adv.</u>		Aggregate Year-to-date	\$
D. Full name <u>TU 19</u>		Date (Mo., Day, Year) <u>12/20/10</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address			
City, State, Zip Code <u>Ripley MS</u>		<u>1</u> / <u>1</u> / <u>1</u>	\$
Purpose of Disbursement (Optional) <u>Adv</u>		Aggregate Year-to-date	\$
E. Full name <u>WTVA</u>		Date (Mo., Day, Year) <u>11/5/11</u>	Amount of each disbursement this period \$ <u>1490.00</u>
Mailing Address			
City, State, Zip Code <u>Taylors MS</u>		<u>1</u> / <u>1</u> / <u>1</u>	\$
Purpose of Disbursement (Optional) <u>adv</u>		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$